

2006-2007 School Year  
Indiana State Department of Health  
School Immunization Current Requirements

Quick Reference

	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>DTaP/DTP/DT/Td</b>	5*	5*	3	3	3	3	3	3	3	3	3	3	3
<b>Polio</b>	4**	4**	4**	4**	4**	4**	4**	3	3	3	3	3	3
<b>Measles</b>	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Mumps</b>	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Rubella</b>	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Hepatitis B</b>	3	3	0	0	0	0	0	0	0	3+	0	0	3+
<b>Varicella</b>	1•	1•	0	0	0	0	0	0	0	0	0	0	0

\*- Four doses of DTaP/DTP/DT are acceptable if the fourth dose was administered on or after the child's fourth birthday.

**\*\* - If any combination of IPV or OPV was used 4 doses are required regardless of age when administered, 4 doses of all IPV or OPV are a complete series or three doses of all OPV or all IPV are acceptable if the third dose was administered on or after the child's fourth birthday.**

**• Parental history of chickenpox is acceptable** as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.

+ The 2 dose adolescent Hepatitis B vaccine is acceptable if properly documented. See pages 220 & 221 of the "Epidemiology and Prevention of Vaccine Preventable Diseases" 9<sup>th</sup> Edition by CDC.